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8 **BEFORE THE**  
9 **BOARD OF REGISTERED NURSING**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No.

2011-7

13 **SUZANNE NICOLE KELSEY**  
14 **1695 Colony Way**  
**Santa Cruz, CA 95062**

**A C C U S A T I O N**

15 **Registered Nurse License No. RN 499367**

16 Respondent.

17 Complainant alleges:

18 **PARTIES**

19 1. Louise R. Bailey, M.Ed., RN (Complainant) brings this Accusation solely in her  
20 official capacity as the Interim Executive Officer of the Board of Registered Nursing, Department  
21 of Consumer Affairs.

22 2. On or about March 31, 1994, the Board of Registered Nursing issued License  
23 Number RN 499367 to Suzanne Nicole Kelsey (Respondent). The Registered Nurse License was  
24 in full force and effect at all times relevant to the charges brought herein and will expire on  
25 November 30, 2011, unless renewed.

26 **JURISDICTION**

27 3. This Accusation is brought before the Board of Registered Nursing (Board),  
28 Department of Consumer Affairs, under the authority of the following laws. All section

1 references are to the Business and Professions Code unless otherwise indicated.

2 STATUTORY PROVISIONS

3 4. Section 2750 of the Business and Professions Code (Code) provides, in pertinent part,  
4 that the Board may discipline any licensee, including a licensee holding a temporary or an  
5 inactive license, for any reason provided in Article 3 (commencing with section 2750) of the  
6 Nursing Practice Act.

7 5. Section 2764 of the Code provides, in pertinent part, that the expiration of a license  
8 shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the  
9 licensee or to render a decision imposing discipline on the license. Under section 2811(b) of the  
10 Code, the Board may renew an expired license at any time within eight years after the expiration.

11 6. Section 2761 of the Code states in pertinent part, that:

12 The board may take disciplinary action against a certified or licensed nurse or deny an  
13 application for a certificate or license for any of the following:

14 (a) Unprofessional conduct, which includes, but is not limited to, the following:

15 ...

16 7. Section 2762 of the Code states in relevant part that in addition to other acts  
17 constituting unprofessional conduct within the meaning of this chapter, it is unprofessional  
18 conduct for a person licensed under this chapter to do any of the following:

19 (a) Obtain or possess in violation of law, or prescribe, or except as directed by a licensed  
20 physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish or  
21 administer to another, any controlled substance as defined in Division 10 (commencing with  
22 Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as  
23 defined in Section 4022.

24 ...

25 (e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any  
26 hospital, patient, or other record pertaining to the substances described in subdivision (a) of this  
27 section.

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8. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

## DRUGS

**Hydromorphone Hydrochloride**, also known by the brand name **Dilaudid**, is a semi-synthetic opioid derivative subject to control as a Schedule II controlled substance as designated by Health and Safety Code section 11055, subdivision (b)(1)(K), and a dangerous drug within the meaning of Code section 4022. Hydromorphone hydrochloride is a strong analgesic used in the relief of moderate to severe pain.

**Lorazepam** is a Schedule IV controlled substance as designated by Health and Safety Code section 11057, subdivision (d)(16), and a dangerous drug within the meaning of Code section 4022. Lorazepam, also known by the brand name **Ativan**, is a benzodiazepine, used for the management of anxiety disorders, seizure conditions and for purposes of pre-operative sedation and anxiety relief.

**Morphine Sulfate** is a phenanthrene-derivative agonist and the principal alkaloid of opium. It is a powerful analgesic used to relieve severe, acute pain or moderate to severe, chronic pain. It is also used for preoperative sedation or as a supplement to anesthesia. As a single entity, Morphine sulfate is a Schedule II controlled substance as designated by Health and Safety Code section 11055, subdivision (b)(1)(M), and a dangerous drug within the meaning of Code section 4022. Combined with one or more non-opiate drugs, it is subject to control as a Schedule III substance as designated by Health and Safety Code section 11056, subdivision (e)(8), and a dangerous drug within the meaning of Code section 4022.

**Fentanyl and Fentanyl Citrate** are Schedule II controlled substances as designated by Health and Safety Code section 11055, subdivision (c)(8), and dangerous drugs within the meaning of Code section 4022. Fentanyl and Fentanyl Citrate are strong analgesics, pharmacodynamically similar to meperidine and morphine. They are used pre-operatively, during

1 surgery and in the immediate post-operative period, as well as for the management of  
2 breakthrough cancer pain.

3 **Temazepam**, also known by the brand name **Restoril**, is a Schedule IV controlled  
4 substance as designated by Health and Safety Code section 11057(d)(29) and a dangerous drug as  
5 designated by Business and Professions Code section 4022. It is a depressant drug.

6 "Pyxis" refers to a computerized medication management and dispensing system used in  
7 hospitals and health care facilities.

8 FIRST CAUSE FOR DISCIPLINE

9 (Illegally Obtain or Possess Controlled Substances)

10 9. Respondent is subject to disciplinary action under Code section 2761(a),  
11 unprofessional conduct, as defined in Code Section 2762(a), in that while employed as a  
12 Registered Nurse in California, Respondent illegally obtained and/or possessed controlled  
13 substances as follows:

14 A. SANTA CLARA MEDICAL CENTER, (KAISER SANTA CLARA)

15 **Patient 1:**

16 a. Patient 1's Physician's Order, dated December 14, 2006, at 14:40 hours was for  
17 Hydromorphone/Dilaudid 0.25 mg IV every four hours as needed for moderate pain and  
18 Hydromorphone/Dilaudid 0.50 mg IV every hour hours as needed for severe pain. According to  
19 Pyxis, Respondent removed 2mg/1ml of Hydromorphone/Dilaudid at 23:33:02 hours on  
20 December 16, 2006, for Patient 1. Respondent documented in the patient's medication  
21 administration sheet that she administered 0.50 mg Dilaudid to the patient at 21:00 hours (two  
22 and one half hours before the medication was withdrawn) and 0.50 mg at 23:59 hours. There is  
23 no further documentation to show that Respondent administered the remaining 1 mg of Dilaudid  
24 to the patient or that the remaining amount was wasted.

25 Further, Respondent failed to document the patient's pain levels before and after  
26 administering the Hydromorphone/Dilaudid to Patient 1 on December 16, 2006, at 21:00 hours  
27 and at 23:59 hours.

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1           b.     According to the Pyxis, on December 17, 2006, Respondent removed one  
2 Hydromorphone/ Dilaudid 1 ml/2 mg injectable vial for Patient 1 at 06:00 hours. There is no  
3 further documentation on the patient's medication administration record to show that Respondent  
4 administered the medication to the patient or accounted for its wastage.

5           **Patient 2:**

6           a.     Patient 2 had an order for Fentanyl citrate 12.5 mcg IV every 3 hours as needed.  
7 According to the Pyxis, Respondent withdrew one Fentanyl Citrate 2ml/100mcg-2ml ampule on  
8 December 19, 2006, at 21:26 hours. The Pyxis report indicates that Respondent gave 12.5 mcg  
9 and wasted 87.5 mcg with a witness. There was no entry in the patient's medication  
10 administration record to show that Respondent administered the Fentanyl Citrate to Patient 2.

11          b.     According to the Pyxis, Respondent withdrew Fentanyl Citrate 2 ml/100 mcg-2ml  
12 ampule for Patient 2 on December 20, 2006, at 03:02:34 hours. The Pyxis report indicates that  
13 Respondent gave 12.25 mcg and wasted 87.5 mcg with a witness. There was no entry in the  
14 patient's medication administration record to show that Respondent administered the Fentanyl  
15 Citrate to Patient 2.

16          **Patient 3:**

17          a.     Patient 3 had an order for Temazepam (Restoril) 7.5 mg capsule one time P.O. for  
18 sleep. According to the Pyxis, on December 17, 2006, at 00:14:38 hours, Respondent removed  
19 one capsule of Temazepam for Patient 3. The patient's medication administration record for  
20 December 17, 2006, for 00:01 hours to 04:01 hours fails to document sufficient information to  
21 determine when the Restoril was administered to the patient and if Respondent administered the  
22 medication to the patient.

23          b.     Patient 3 had an order for Hydrocodone/Acetaminophen 5/500 one tablet PO every  
24 four hours as needed for mild pain and/or Hydrocodone/Acetaminophen 5/500 two tablets for  
25 moderate pain. According to the Pyxis, on December 17, 2006, at 06:12 hours, Respondent  
26 removed one Hydrocodone/Acetaminophen 5 Mg/500 Mg tablet for Patient 3. Respondent  
27 documented that she administered one Hydrocodone/Acetaminophen 5 Mg/500 Mg tablet to to  
28

1 Patient 3 at 05:30 hours, approximately 45 minutes prior to the time she withdrew that medication  
2 from the Pyxis.

3 **Patient 4:**

4 a. Patient 4 had a Physician's Order dated December 19, 2006, for Fentanyl Citrate 1  
5 dose IVP as directed. According to the Pyxis, Respondent withdrew one Fentanyl Citrate  
6 2ML/100 mcg 2 Ml ampule on December 19, 2006, at 23:32:07 hours, for Patient 4. The  
7 patient's medication administration record indicates that Respondent administered the medication  
8 to the patient at 22:14 hours, approximately one hour prior to the time she removed the  
9 medication from the Pxyis.

10 b. According to the Pyxis, Respondent withdrew one Fentanyl Citrate 2ML/100 mcg 2  
11 Ml ampule on December 20, 2006, at 03:30:02 hours, for Patient 4. There is no further  
12 documentation to show that Respondent administered the medication to the patient or accounted  
13 for its wastage.

14 **B. Community Hospital of Los Gatos (CHLG)**

15 **Patient B:**

16 a. Patient B had a Physician's order on April 1, 2007, for Lorazepam/Ativan 1 mg NG  
17 every 0800 and 1600 hours and Lorazepam/Ativan 3 mg NG every 2100 hours and 0100 hours.  
18 According to the Pyxis, Respondent removed three Lorazepam 1 mg tablets for Patient B at 2122  
19 hours on April 2, 2007. The patient's medication administration record indicates that two doses  
20 of Ativan were given to the patient. There is no further documentation to show that Respondent  
21 administered the remaining 1 mg of Lorazepam to the patient or that the remaining amount was  
22 wasted.

23 b. On April 3, 2007, Respondent removed three Lorazepam 1 mg tablets at 03:16 hours  
24 according to Pyxis. Respondent failed to document disposition of the Lorazepam in Patient B's  
25 medication administration record.

26 c. There is no Physician's Order in Patient B's chart for Hydromorphone/Dilaudid. The  
27 patient's medication administration record has a handwritten entry for Dilaudid 1 mg IV every  
28 hour as needed for severe pain and Dilaudid 0.5 mg IV every hour as needed for mild pain.

1 According to the Pyxis, Respondent removed one Hydromorphone/Dilaudid 2 mg/1ml syringe at  
2 04:19 hours on April 4, 2007. According to the Pyxis report, Respondent administered 0.5 mg of  
3 Dilaudid to the patient and wasted 1.5 mg Dilaudid with a witness. Respondent failed to  
4 document the administration of Dilaudid on Patient B's medication administration report.  
5 Respondent also failed to document the patient's pain levels in the Outcome Notes.

6 d. According to the the Pyxis report, Respondent removed one Hydromorphone/  
7 Dilaudid 2 mg/1 ml syringe on April 4, 2007, at 07:25 hours. The Pyxis report indicates that that  
8 Respondent administered Dilaudid 1 mg and wasted Dilaudid 1 mg with a witness. Patient B's  
9 medication administration report documents that Respondent administered the medication at  
10 07:00 hours, twenty-five minutes prior to the removal of the Dilaudid from Pyxis.

11 **Patient C:**

12 a. CHLG admitted Patient C at 20:00 hours on April 3, 2007. At or about 06:50 hours  
13 on April 4, 2007, Patient C's critical care flowsheet charting was limited to the patient's admitting  
14 vital signs while the remaining flow sheet/documentation was blank. At or about the end of her  
15 shift on April 4, 2007, Respondent completed the patient's information on the flowsheets and  
16 dated them April 3, 2007.

17 SECOND CAUSE FOR DISCIPLINE

18 (False and/or Grossly Incorrect, Grossly Inconsistent Records)

19 10. Respondent is subject to disciplinary action under Code section 2762(e), in that while  
20 employed as a Registered Nurse on assignment at Kaiser Santa Clara, Respondent repeatedly  
21 made false and/or grossly incorrect, grossly inconsistent, entries in the hospital's Pyxis records  
22 resulting in drug and charting discrepancies for patients as set forth in paragraph 9A, above.

23 THIRD CAUSE FOR DISCIPLINE

24 (False and/or Grossly Incorrect, Grossly Inconsistent Records)

25 11. Respondent is subject to disciplinary action under Code section 2762(e), in that while  
26 employed as a Registered Nurse at Community Hospital of Los Gatos (CHLG), Respondent  
27 repeatedly made false and/or grossly incorrect, grossly inconsistent, entries in the hospital's Pyxis  
28 records resulting in numerous drug discrepancies for patients as set forth in paragraph 9B, above.

1 FOURTH CAUSE FOR DISCIPLINE

2 (Illegal Use of Controlled Substances)

3 12. Respondent is subject to disciplinary action under Code section 2762(b), in that on or  
4 about April 4, 2007, while employed as a Registered Nurse at CHLG, Respondent used a  
5 controlled substance, to wit: Dilaudid. The circumstances are as follows:

6 a. Respondent was assigned to work the night shift as a Registered Nurse in the Critical  
7 Care Unit ("CCU") at CHLG from April 3 to April 4, 2007. While on duty during that shift,  
8 Respondent failed to document administration of controlled substances for two patients under her  
9 care. During that shift, Respondent was observed by CHLG staff as being sleepy, nodding off at  
10 her desk and being away from her shift too long. Subsequently, at the end of her shift on April 4,  
11 2007, Respondent met with Community Hospital staff regarding her behavior and failure to  
12 complete documentation for patients under her care. During the meeting, Respondent was  
13 observed to be scattered in her thoughts and responses. Based on a reasonable suspicion of  
14 impairment, supervisory staff requested that Respondent submit to a drug screen. The results of  
15 Respondent's drug screen showed that she tested positive for Dilaudid.

16 FIFTH CAUSE FOR DISCIPLINE

17 (Unprofessional Conduct)

18 13. Respondent is subject to disciplinary action under section 2761(a) in that she acted  
19 unprofessionally as alleged above in paragraphs 9A, 9B, 10, 11, and 12, above.

20 PRAYER

21 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
22 and that following the hearing, the Board of Registered Nursing issue a decision:

- 23 1. Revoking or suspending Registered Nurse License Number RN 499367, issued to  
24 Suzanne Nicole Kelsey;
- 25 2. Ordering Suzanne Nicole Kelsey to pay the Board of Registered Nursing the  
26 reasonable costs of the investigation and enforcement of this case, pursuant to Business and  
27 Professions Code section 125.3;


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3. Taking such other and further action as deemed necessary and proper.

DATED: 7/1/10

  
LOUISE R. BAILEY, M.ED., RN  
Interim Executive Officer  
Board of Registered Nursing  
Department of Consumer Affairs  
State of California  
*Complainant*

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